100								7542
			WASHI	INGTON STATE D	EPARTMENT OF I	HEALTH	STATE FILE NO	· O TUB
_					E OF DEATH REGISTRAR'S NO. 37			
	1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDE	NCE (Where decea			
	ason				a. STATE Washington b. GOUNTY admission			
	b. CITY, TOWN, OR LOCATION c. LENGTH OF			c. CITY, TOWN, OR LOCATION				
_	Shelton(Rural) STAY IN 1b			Shelton (Rural)				
	d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Star Rt. 1 Ox168				d. STREET ADDRESS			
-								
	e. IS PLACE OF DEATH INSIDE CITY LIMITS?				e. IS RESIDENCE	E INSIDE CITY	f. IS RESIDE	NCE ON A FARM
=	Yes No No				LIMITS? Y	es 🔲 No 🔀	Yes 🗌	No 🗑
	3. NAME OF DECEASED	First		Middle	Last	4. DATE OF	Month	Day Yes
-	5. SEX 6. COLOR	R OR RACE	nd Pau	il Cagey		DEATH	April 20	3 1.961
	ale Indi		Married	Never Married	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yea Months Days	If Under 24 Hrs
10	Da. USUAL OCCUPATION		Widowed		11/20/07	53 yrs		
dor	ne during most of working li	ife, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St			COUNTRY
1	Pruner Xmas Tre			Tree Farm	LaConner		ton USA	1
	George Cagev				14. MOTHER'S MAIDEN NAME			
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY				Margaret	Bob	Address	1001
	(Yes, no, or unknown) (If yes, give war or dates of service) NO.					-3 0	St R.	1 Box 1
	18. CAUSE OF DE	ATH [Enter only	one cause pe	er line for (a), (b), and (c)		Del Cager		ERVAL BETWEEN
	DADE T DEAM	TH WAS CAUSE	D BV.	/	1 11 4 1	1 - Eur 11		SET AND DEATH
				MECLARO	ma Xes	Tun	a Dnis	non th
	IMI	MEDIATE CAUS		(arcino	ma seg	Thun	9 Pr 87	nonth
	Conditions, if a which give rise	MEDIATE CAUS	SE (a)	Carcino	ma xef	Tlun	g Pri 8	ton the
	Conditions, if a which give rise above cause (mediate caus ny, to (a), Due to	SE (a)	Carono	ma xez	Tlun	g prist	non the
NOI	Conditions, if a which give rise above cause (mediate caus my, to (a), er- ast. Due to Due to	O (c)		ma Xef	Tlun	g Prio	non the
ATION	Conditions, if a which give rise above cause (mediate caus my, to (a), er- ast. Due to Due to	O (c)		BUT NOT RELATED TO	The Terminal dis	GEASE 19. W	VAS AUTOPSY
IFICATION	Conditions, if a which give rise above cause (stating the und lying cause to PART II. OTHER SCONDITION GIVEN	mediate causes (a), et to cast. Due to Due	O (c)	NTRIBUTING TO DEATH			GEASE 19. W. P. Y.	VAS AUTOPSY ERFORMED?
ERTIFICATION	Conditions, if a which give rise above cause (stating the und lying cause to PART II. OTHER SCONDITION GIVEN 20a. ACCIDENT	mediate caus my, to (a), er- ast. Due to Due to	O (c)	NTRIBUTING TO DEATH	BUT NOT RELATED TO		GEASE 19. W. P. Y.	VAS AUTOPSY ERFORMED?
CERT	Conditions, if a which give rise above cause (stating the und lying cause le PART II. OTHER SCONDITION GIVEN 20a. ACCIDENT	MEDIATE CAUS	O (b) O (c) DITIONS CO	NTRIBUTING TO DEATH			SEASE 19. W. P. Y. Y. injury in Part I or	VAS AUTOPSY ERFORMED? fee No Part II of item 18.)
CERT	Conditions, if a which give rise above cause (stating the und lying cause le PART II. OTHER SCONDITION GIVEN 20a. ACCIDENT	MEDIATE CAUS (a), (er- ast. DUE To SIGNIFICANT CON N IN PART 1(a) SUICIDE HOl	O (b) O (c) DITIONS CO	NTRIBUTING TO DEATH			SEASE 19. W. P. Y. Y. injury in Part I or	VAS AUTOPSY ERFORMED? fee No Part II of item 18.)
CERT	Conditions, if a which give rise above cause (stating the und lying cause le PART II. OTHER SCONDITION GIVEN 20a. ACCIDENT	MEDIATE CAUS	O (b) O (c) DITIONS CO	NTRIBUTING TO DEATH 20b. DESCRIBE HOV	W INJURY OCCURRE	O. (Enter nature of	DEASE 19. WE PY injury in Part I or	VAS AUTOPSY ERFORMED? (es No Part II of item 18.)
IEDICAL CERT	Conditions, if a which give rise above cause (stating the und lying cause leaders of the condition gives 20a. ACCIDENT 20a. ACCIDENT 20a. TIME OF HINJURY a p.	MEDIATE CAUSAND, A constant of the constant of	O (b) O (c) DITIONS CO	NTRIBUTING TO DEATH	W INJURY OCCURRED		DEASE 19. WE PY injury in Part I or	VAS AUTOPSY ERFORMED? (es No No Part II of item 18.)
CERT	Conditions, if a which give rise above cause (stating the und lying cause leaders of the condition gives 20a. ACCIDENT 20a. ACCIDENT 20c. TIME OF H INJURY a p. 20d. INJURY OCCU	MEDIATE CAUSAND, and a constant and	O (b) O (c) DITIONS CO	NTRIBUTING TO DEATH 20b. DESCRIBE HOV	ut 20f. CITY, TOW	O. (Enter nature of	DEASE 19. WAY 12	VAS AUTOPSY ERFORMED? (es No No Part II of item 18.)
53696. MEDICAL CERT	Conditions, if a which give rise above cause (stating the und lying cause leaders of the condition gives a condition giv	MEDIATE CAUSAND, Any, at to DUE TO Can, ber- DUE TO SIGNIFICANT CON IN PART 1(a) SUICIDE HOLD COUR Month, D. m. The course of	O (b) O (c) DITIONS CO	20b. DESCRIBE HON	ut 20f. CITY, TOW	N, OR LOCATIOned last saw	DEASE 19. WAY 12 MAY 12 N COUNTAINTY OF THE PROPERTY OF THE	VAS AUTOPSY ERFORMED? See No Part II of item 18.) TY STATE
—80M. 53696. MEDICAL CERT	Conditions, if a which give rise above cause (stating the und lying cause learners and condition gives 20a. ACCIDENT 20a. ACCIDENT 20a. TIME OF HINJURY a p. 20d. INJURY a p. 21. I attended the Death occurred	MEDIATE CAUSAND, Any, at to DUE TO Can, ber- DUE TO SIGNIFICANT CON IN PART 1(a) SUICIDE HOLD COUR Month, D. m. The course of	O (b) O (c) DITIONS CO	DESCRIBE HOW DESCR	ut 20f. CITY, TOW	N, OR LOCATIOned last saw	I I I I I I I I I I I I I I I I I I I	VAS AUTOPSY ERFORMED? Ses No Expant II of item 18.) 1961 TY STATE A Class Causes stated The causes stated
—80M. 53696. MEDICAL CERT	Conditions, if a which give rise above cause (stating the und lying cause lumber of the condition gives above cause (stating the und lying cause lumber of the condition gives a line of the condition gives a line of the lin	MEDIATE CAUSAND, Any, at to DUE TO Can, ber- DUE TO SIGNIFICANT CON IN PART 1(a) SUICIDE HOLD COUR Month, D. m. The course of	O (b) O (c) DITIONS CO	20b. DESCRIBE HON	ut 20f. CITY, TOW	N, OR LOCATIOned last saw	I I I I I I I I I I I I I I I I I I I	VAS AUTOPSY ERFORMED? Ses No Elem 18.) 1961 TY STATE
-7-58—80M. 53696.	Conditions, if a which give rise above cause (stating the und lying cause learners and condition gives 20a. ACCIDENT 20a. ACCIDENT 20a. TIME OF HINJURY a p. 20d. INJURY a p. 21. I attended the Death occurred	MEDIATE CAUSAND, Any, at to deceased from the de	O (b) O (c) DITIONS CO	DESCRIBE HOW DESCR	ut 20f. CITY, TOWn about; and to the b	N, OR LOCATIOned last saw	MAY 12 MAY 12	AS AUTOPSY ERFORMED? Ser No Enter 18.) 1961 TY STATE A causes stated OATE SIGNED TO A cause of the caus

24. FUNERAL DIRECTOR

Byrne and Batstone

25. DATE REC'D BY LOCAL REG. 26. REGISTRAR'S SIGNATURE

ADDRESS Shelton Wn

5-2-61

Helen Haus ou